2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

A97000002268 **DOCUMENT #**

1. Entity Name

SUNRISE ONE INDUSTRIAL, LTD.

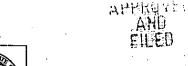


Principal Place of Business										
6601	N.W.	14TH	STREET.	SUITE	ONE					
PLANTATION FI			33313							

Mailing Address

6601 N.W. 14TH STREET, SUITE ONE

PLANTATION FL 33313



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SECRETARY OF STATE



2. Principal Place of Business		3. 1	3. Mailing Address			T I DELIFITI TOTO TOTAL TORIL ORDIC ROTAL ROTAL BUTTA CRITIC CRITIC TITLE TRATE CLIEF TOTAL TORIC				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State		7	City & State			4. FEI Number	65-0789830	Applied For Not Applicable		
Zip		Country	Z	Tip	Country			5. Certificate of Status Desired See Required Fee Required		
	6. Name	and Address of Cur	rent Regist	ered Agent		7. Name and Address of New Registered Agent				
COOPERMAN, STEVEN J						Name				
6601 N.W. 14TH STREET, #1					Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33313								1874		
						City Zip Code ered office or registered agent, or both, in the State of Florida. I am familiar with, and				
8. The above the obligat	named entity tions of registe	r submits this stateme ered agent.	ent for the pu	urpose of changing its	registered	d office or regis	stered agent, or both	, in the State of Florida. I am	familiar with, and accept	
SIGNATURE .	Signature typed	or printed name of registered	propt and title if	apolicofole						
O Copital Co					-1.0	*!		DATE		
as Shown on record.			10. Amount of Capita in FLORIDA to da	ate.			11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR	R FEE INFORMATION		
	A C NOTE:	SENERAL PARTNI General Partners	ER THAT I	S A BUSINESS EN I be changed on th	TITY MU ne form;	ST BE REGI an amendm	ISTERED AND AG ent must be filed	CTIVE WITH THIS OFFICE to change a general par	tner.	
12.		GENERAL PAR	TNER INFO	RMATION	13.		ADDRESS CHANGES ONLY			
DOCUMENT / NAME	P9700090140 SARA SAWGRASS CORP. 6601 N.W. 14TH STREET, SUITE ONE PLANTATION FL 33313			STREET	ADDRESS	V	- 1 y vol v			
STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP		•			
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STREET ADDRESS CITY-ST-ZIP					CITY-ST	r-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CR2E003 (10/02)